

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10945

State File No. ....

FILED MAR 23 1950

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2306</b>	
1. PLACE OF DEATH a. COUNTY .....				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>5169</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>				d. STREET ADDRESS <b>3802 Keokuk Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>SARAH</b>		b. (Middle) <b>H.</b>		c. (Last) <b>PENLEY</b>	
4. DATE OF DEATH		(Month) <b>March</b>		(Day) <b>8</b>		(Year) <b>1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Oct. 2, 1861</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>88</b> Days <b>88</b>		IF UNDER 11 HRS. Hours <b>88</b> Min. <b>88</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY .....		11. BIRTHPLACE (State or foreign country) <b>Chicago, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? .....	
13a. FATHER'S NAME <b>Charles Burt</b>		13b. MOTHER'S MAIDEN NAME <b>Marian Frost</b>		14. NAME OF HUSBAND OR WIFE <b>Penley Late Rev. Vincent Owen</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. ....		17. INFORMANT'S SIGNATURE OR NAME <b>Marian F. Gherman</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1947x</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Generalized Arteriosclerosis</b>		DUE TO (c) .....				II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION .....		19b. MAJOR FINDINGS OF OPERATION .....				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) .....		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) .....		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>4200</b> (STATE) <b>4200</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) .....	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? .....				22. I hereby certify that I attended the deceased from <b>1-27-47</b> , 19 <b>47</b> , to <b>3-8</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>3-8</b> , 19 <b>50</b> , and that death occurred at <b>10: A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Jack P. ...</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>5400 Arsenal St.</b>		23c. DATE SIGNED <b>3/8/1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Mtr)</b>		24b. DATE <b>3-11-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>DeSoto Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>DeSoto, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 9 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>			
				ADDRESS <b>4228 S. Kingshighway Bl.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Richard W. Stovesand*

Licensed Embalmer No. 4007

P. O. Address \_\_\_\_\_

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.